



FEDERAL GOVERNMENT OF SOMALIA

MINISTRY OF HEALTH CHILD HEALTH PASSPORT



This Health Passport is to be used by parents, guardians and health care providers to monitor and promote health, growth, and development of the child.

This is the main record of the child's health, growth and development.

This booklet contains recommendations for feeding and caring for the child at different ages: as a child grows, his/her needs change.

Therefore, keep it in a safe place and carry it with whenever the child visits:

- **A health centre (whether it is for a well-baby visit or because of illness)**
- **A doctor or other health care provider**
- **A hospital outpatient and in-patient department or emergency department**
- **Any other health appointment**





IMMUNISATION SCHEDULE

CHILD IDENTIFICATION

Child's Name and surname:.....

Health Facility Name:

Sex: Male: Female: Birth date (dd/mm/yyyy):.....

Registration No:.....

Mother/ guardian name and surname:.....

Father/guardian name and surname:.....

Village:

District:.....

Contact (phone) number:

PARTICULARS OF BIRTH

Normal: Assisted Delivery:

Type of Assisted Delivery:

.....
.....

Caesarian Section:

Birth weight in kg:.....

BORN AT:

Hospital: Yes No

Health Centre/Clinic: Yes No

Home: Yes No

Name of health facility where born:

.....
.....

Neonatal Problems:

.....
.....
.....
.....
.....
.....

Rooting reflex present:

Yes No

Suckling reflex present:

Yes No

IYCF: INFANTS BELOW 6 MONTHS

- Is the infant breastfeeding: Yes No
- Is the infant being given other liquids (including water) or foods: Yes No
- If still breastfeeding check positioning and attachment during a feed.

Proper positioning

- ☑ The baby's body is straight (not twisted)
- ☑ The baby's body should face the breast
- ☑ The baby should be close to the mother
- ☑ Mother should support the baby's whole body (not just the head and neck)

Proper attachment:

- ☑ The baby's mouth should be wide open
- ☑ The baby's chin should be touching the breast
- ☑ You should see more areola above the baby's mouth than below
- ☑ The baby's lower lip should be turned outwards



Key message: Breastmilk is the only food or liquid an infant needs for the first 6 months of life. Even in hot climates there is no need for water, there is so much already in breastmilk. Bottle feeding is very dangerous for infants! It contributes to the high incidence of communicable disease.

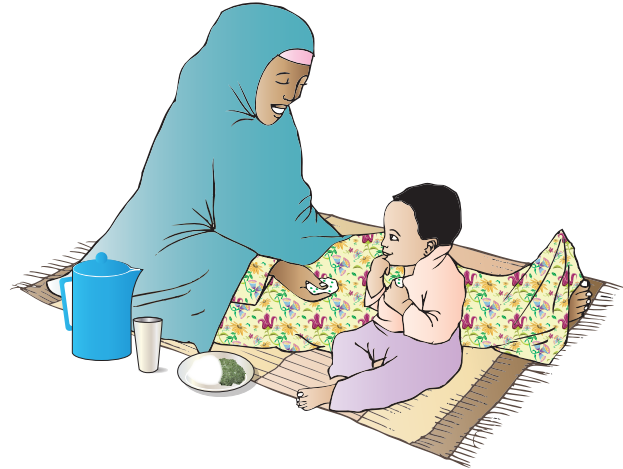
CHILDREN FROM 6 TO 24 MONTHS

Children 6-24 months should continue to receive breastmilk but require additional foods to meet their energy needs. Complementary foods should meet 5 criteria:

Frequency and Amount: Young children have small stomachs therefore small frequent meals (usually 3 meals and 2 snacks each day)

Texture: Young children need semi-solid or solid foods. Liquid foods do not have enough energy in them. Foods (porridge etc) should be thick enough that it does not slide off of a spoon.

Variety: Feed young children a wide variety of foods to make sure they are getting enough nutrients. They especially need fruits and vegetables (tomatoes, kale, spinach, pumpkin, carrots, mangoes, papayas, etc) and meat and meat products (liver, kidney, meat).



Active feeding: Actively encourage young children to eat. They should be supervised during meal times to be sure they are consuming enough foods.

Hygiene: Young children are susceptible to communicable disease. Washing hands with soap or ash should be done often by children and parents, especially before preparing foods or feeding/eating, after changing a baby's diaper, and after using the latrine. Make sure cooking pots and utensils used for young children are cleaned.

IMMUNISATION

Age	Vaccine	Date Due (dd/mm/yyyy)	Date Given (dd/mm/yyyy)	Given By (name surname)	Batch Number
New Born	Polio 0				
	BCG				
6 weeks	Polio, Pentavalent 1				
(DPT, Hep B + Hib)					
10 weeks	Polio, Pentavalent 2 (DPT, Hep B + Hib)				
14 weeks	Polio, Pentavalent 3				
(DPT, Hep B + Hib)					
9 months	Measles				
	Vitamin A (100 000 IU)				

When a child returns for immunisation, health worker to confirm if children in endemic areas received ITN (mosquito nets)

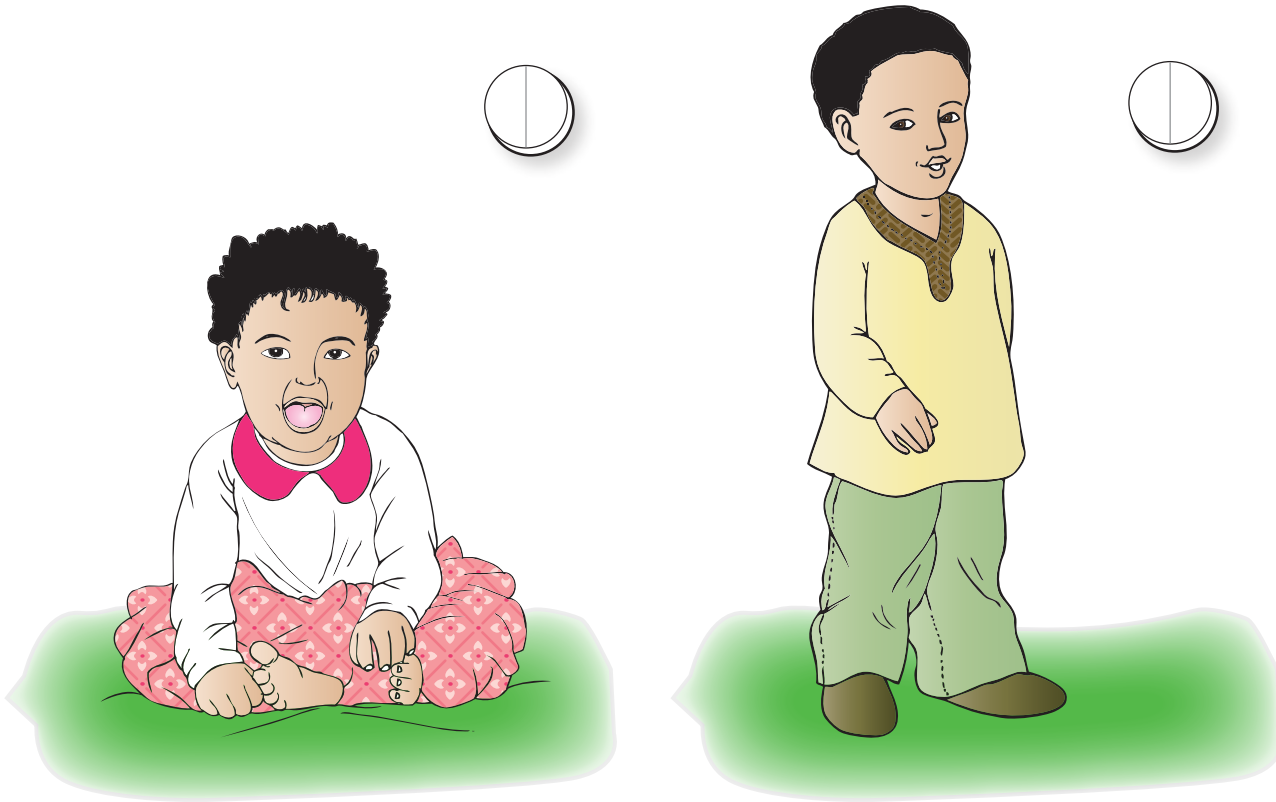
VITAMIN A SUPPLEMENTATION

AGE (MONTHS)	DOSAGE	MONTH DUE	Date Given (dd/mm/yyyy)	Given By (name surname)	Batch Number
6	100 000 IU				
15 (1yr,3mts)	200 000 IU				
21 (1 yr,9mts)	200 000 IU				
27 (2yrs,3mts)	200 000 IU				
33 (2 yrs,9mts)	200 000 IU				
39 (3yrs,3mts)	200 000 IU				
45 (3yrs,9mts)	200 000 IU				
51 (4yrs,3mts)	200 000 IU				
57 (4yrs,9mts)	200 000 IU				
63 (5yrs,3mts)	200 000 IU				
69 (5yrs,9mts)	200 000 IU				



DEWORMING

This should start from a child being 12 months until 5 years. They should receive 1 tablet of albendazole (400mg) every 6 months.



MID UPPER ARM CIRCUMFERENCE TABLE (MUAC Measurements) in cm as per age of child:

6months	7months	8months	9months	10months	11months	12months	13months
14months	15months	16months	17months	18months	19months	20months	21months
22months	23months	24months	27months	30months	33months	36months	30months
33months	36months	39months	42months	45months	48months	51months	39months
54months	57months	60months					

Measured monthly until the age of 24 months, then 3 monthly up to the age of 5 years).

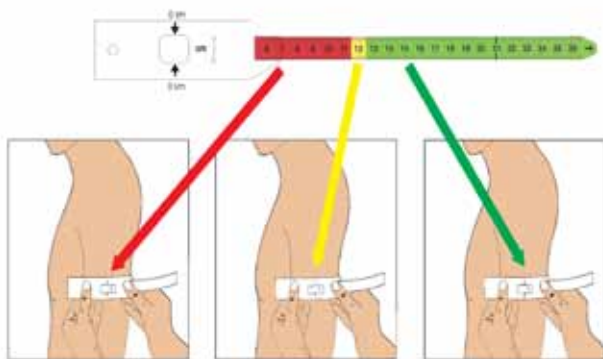
MUAC CUT OFF:

Less than 11.5 cm = severe malnutrition: Refer or admit to nutrition programme

11.5 cm - 12.4 cm = moderate malnutrition: Refer or admit to nutrition programme

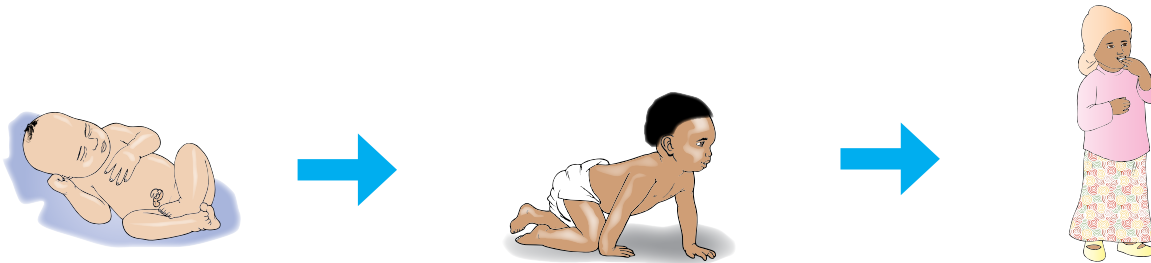
12.5 cm and above = normal nutrition

Refer children with severe and moderate malnutrition for further assessment.



DEVELOPMENT MILESTONES

DEVELOPMENT MILESTONES	AGE ACHIEVED	NORMAL LIMITS
Social Smile		4-6 weeks
Head Holding/Control		1-3 months
Turn towards the origin of sound		2-3 months
Extend hand to grasp a toy		2-3 months
Sitting		5-9 months
Standing		7-13 months
Walking		12-18 months
Talking		9-24 months



Refer for assessment if a milestone delays beyond the normal age limit indicated above.

Also refer child for assessment if the child is having delayed hearing, speech and language development.

FLUID RECOMMENDATION DURING ILLNESS

For any sick child	For child with diarrhea
Breastfeed frequently	Give these extra fluids, as much as the child will take: <ul style="list-style-type: none"> • ORS solution • Food based fluids, such as soup, yoghurt drinks • Clean water
Increase fluids. Give soup, drinks, or clean water	Breastfeed more frequently and longer at each feeding
	Continue giving extra fluids until diarrhea stops



ZINC SUPPLEMENTATION (20 MG TABLET)

All patients with diarrhoea should be given zinc supplements as soon as possible after the diarrhoea has started.

Age	mg/ml	Tablet
2 - 6 months	10mg	one half tablet per day
6 months and older	20mg	1 tablet

- zinc supplementation should continue for the full 14 days, even after diarrhea has stopped.

SHOW THE MOTHER HOW TO GIVE ZINC SUPPLEMENTS:

Infants: Dissolve the tablet in a small amount of expressed breast milk, ORS or clean water, in a small cup or spoon

Older children: Tablets can be chewed or dissolved in a small amount of clean water in a cup or spoon

REMIND THE MOTHER TO GIVE THE ZINC SUPPLEMENTS FOR THE FULL 14 DAYS

WHEN TO RETURN IMMEDIATELY TO THE HEALTH FACILITY



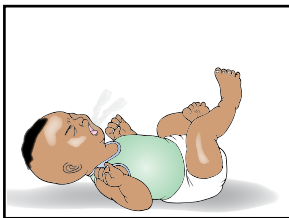
For Any sick child

- If not able to drink
- If the child becomes sicker
- If the child develops a fever
- If breastfeeding poorly (less than 2 months old)



For Child with diarrhea

- If blood in stool
- If drinking poorly
- As for any sick child



For child with cough

- If difficulty in breathing
- If breathing fast
- As for any sick child

